

<b>Case Number:</b>	CM14-0102019		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The medical records reflect the claimant is a 45 year old male who sustained a work injury on 3-18-10. Office visit on 5-3-14 notes the claimant continues to have pain to the right shoulder. Recommendations made for removal of loose body, subacromial decompression, debridement, pre-operative clearance, post-operative physical therapy, ultra sling, cold therapy and TENS Unit for purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cold therapy Unit for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Official Disability Guidelines; Shoulder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter - continuous flow cryotherapy

**Decision rationale:** Official Disability Guidelines notes that continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage;

however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. There is an absence in documentation of extenuating circumstances to support exceeding this form of treatment beyond the recommended guidelines of 7 days post-operative. Therefore, the medical necessity for purchase of cryotherapy unit is not supported.

**TENS Unit for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - TENS

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines notes that a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. This modality is recommended for conditions such as spasticity, multiple sclerosis, neuropathic pain, phantom limb pain. There is an absence in documentation noting that this claimant has had a trial with daily pain diaries noting functional and documented improvement. There is an absence in documentation she has any of these conditions for which a one month trial would be considered. Therefore, the medical necessity of this request is not established.